

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002957

Entity Name: THE LAKES AT TRADITION HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**11840 SW TRADITION LAKES BLVD.
PORT ST. LUCIE, FL 34987**Current Mailing Address:**11840 SW TRADITION LAKES BLVD.
PORT ST. LUCIE, FL 34987**FEI Number: 56-2343226****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ROSS, DEBROAH
789 SOUTH FEDERAL HIGHWAY
SUITE 101
STUART, FL 34994 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name EPSKY, THOMAS
Address 11840 SW TRADITION LAKES BLVD.
City-State-Zip: PORT ST. LUCIE FL 34987

Title SECRETARY
Name FORREST, MARJORIE
Address 11840 SW TRADITION LAKES BLVD.
City-State-Zip: PORT ST. LUCIE FL 34987

Title VP, ASST. SECRETARY
Name THOMAS, KLEIN
Address 11840 SW TRADITION LAKES BLVD.
City-State-Zip: PORT ST. LUCIE FL 34987

Title VP
Name SNIDER, GREGORY
Address 11840 SW TRADITION LAKES BLVD.
City-State-Zip: PORT ST. LUCIE FL 34987

Title ASST. TREASURER
Name PROUT, AKUA
Address 11840 SW TRADITION LAKES BLVD.
City-State-Zip: PORT ST LUCIE FL 34987

Title TREASURER
Name BOROCK, MARGARET
Address 11840 SW TRADITION LAKES BLVD.
City-State-Zip: PORT ST LUCIE FL 34987

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS EPSKY**PRESIDENT****03/20/2019**

Electronic Signature of Signing Officer/Director Detail

Date